

## PART B - FEE(S) TRANSMITTAL

**OLPE**  
Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated and corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

35068 7590 04/03/2007

LOS ALAMOS NATIONAL SECURITY, LLC  
LOS ALAMOS NATIONAL LABORATORY  
PPO. BOX 1663, LC/IP, MS A187  
LOS ALAMOS, NM 87545

04/26/2007 HDEMESS2 00000070 122150 09995304

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Bruce H. Cottrell

(Depositor's name)

Bruce H. Cottrell

(Signature)

April 25, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/995,304	11/27/2001	Robert H. Kraus JR.	S-94,769	8960

TITLE OF INVENTION: BIOASSAY AND BIOMOLECULAR IDENTIFICATION, SORTING, AND COLLECTION METHODS USING MAGNETIC MICROSPHERES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	XXX 1400	\$300	50	XXX 1700	07/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DO, PENSEE T	1641	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 Bruce H. Cottrell
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 Robert P. Santandrea

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Los Alamos National Security, LLC

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Los Alamos, New Mexico

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-2150 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Bruce H. Cottrell

Date \_\_\_\_\_

April 25, 2007

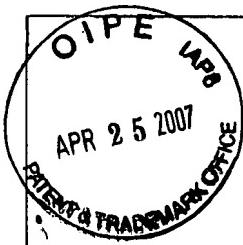
Typed or printed name \_\_\_\_\_

Bruce H. Cottrell

Registration No. 30,620

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



---

## *Ideas that Change the World*

**P.O. Box 1663, LC/IP, MS A187  
Los Alamos, NM 87545  
(505) 667-3766  
Fax: (505) 665-4424**

**FAX TRANSMISSION COVER SHEET**

**Date:** April 25, 2007

**To:** *Mail Stop Issue Fee  
US Patent and Trademark Office*      **Phone:** \_\_\_\_\_  
**Fax:** *(571)273-2885*

**Re:** 09/995,304  
S-94,769  
*Robert H. K.*

**Sender: Marcie A. Archuleta**

**YOU SHOULD RECEIVE (2) PAGES, INCLUDING THIS COVER SHEET.  
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 667-7604.**

---

***Comments:***

**Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:**

**Issue Fee Transmittal (1 page)**

**Fee Payments Authorized: \$1700**

**IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY  
TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE  
UNITED STATES POSTAL SERVICES. THANK YOU.**

**UNCLASSIFIED**